

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN5776SNF	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/21/2009
NAME OF PROVIDER OR SUPPLIER MANORCARE HEALTH SERVICES WINGFIELD HILLS		STREET ADDRESS, CITY, STATE, ZIP CODE 2350 WINGFIELD HILLS DR SPARKS, NV 89436		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z 000	<p>Initial Comments</p> <p>Surveyor: 22046 This Statement of Deficiencies was generated as a result of an initial State licensure survey that included a health survey, a life safety code survey, and a food permit inspection conducted in your facility on 12/14/09 and finalized on 12/21/09, in accordance with Nevada Administrative Code, Chapter 449, Facilities for Skilled Nursing.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The facility was in compliance with all Life Safety Code and Construction and Standards and Nevada Administrative Code, Chapter 449, Facilities for Skilled Nursing.</p> <p>The following deficiency related to Chapter 446 of Nevada Revised Statutes was identified and corrected immediately by the facility on 12/21/09.</p>	Z 000		
Z412	<p>NAC 449.74525 Dietary Services</p> <p>8. A facility shall: (a) Comply with the applicable provisions of chapter 446 of NRS and the regulations adopted pursuant thereto and obtain such permits as are necessary from the Bureau of Health Protection Services of the health division for the preparation and service of food; (b) Maintain a report of each inspection concerning the sanitation of the hospital for at least 1 year after the date of the inspection; (c) Maintain a report of each corrective action</p>	Z412		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Z412	<p>Continued From page 1</p> <p>taken to address a deficiency noted in a report described in paragraph (b) for at least 1 year after the date of the corrective action;</p> <p>(d) Procure food from sources that are approved or considered satisfactory by federal, state and local authorities;</p> <p>(e) Store, prepare and serve food under sanitary conditions; and</p> <p>(f) Dispose of refuse and garbage properly.</p> <p>This Regulation is not met as evidenced by: Surveyor: 23119 Based on observation and interview the facility failed to ensure compliance with applicable provisions of Chapter 446 of Nevada Revised Statutes in the following areas:</p> <ol style="list-style-type: none"> 1. Inadequate lighting in walk-in refrigerator. 2. Plugs on the floor of walk-in refrigerator were not in place. 3. Trash receptacles in staff restrooms were uncovered. 4. Microwaves in nourishment rooms were not commercial grade. 5. Refrigerators in the nourishment rooms were not commercial grade. <p>Deficiencies were corrected on site at the time of the findings on 12/21/09. The appliances in the nourishment rooms were unplugged and will be replaced with commercial grade appliances.</p>	Z412			

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